

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/807680

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101		0		0			/51		0		0		
102		0		0			/52		0		0		
103		0		0			/53		0		0		
104		0		0			/54		0		0		
105		0		0			/55		0		0		
106		0		0			/56		0		0		
107		0		0			/57		0		0		
108		0		0			/58		0		0		
109		0		0			/59		0		0		
/10	1		1				/60		0		0		
/11		1		1			/61		0		0		
/12		2		2			/62		0		0		
/13	1		1				/63	1		1			
/14	1		1				/64		1		1		
/15	1		1				/65		0		0		
/16		1		1			/66		0		0		
/17		1		1			/67		0		0		
/18		1		1			/68		0		0		
/19		1		1			/69		0		0		
/20		1		1			/70		0		0		
/21		1		1			/71		0		0		
/22		1		1			/72		0		0		
/23		1		1			/73		0		0		
/24		1		1			/74		0		0		
/25		1		1			/75		0		0		
/26		1		1			/76		0		0		
/27		1		1			/77		0		0		
/28		1		1			/78		0		0		
/29		1		1			/79		0		0		
/30		1		1			80						
/31	1		1				81						
/32	1		1				82						
/33		1		1			83						
/34		0		0			84						
/35		1		1			85						
/36		1		1			86						
/37		1		1			87						
/38		0		0			88						
/39	1		1				89						
/40		1		1			90						
/41		0		0			91						
/42		1		1			92						
/43		1		1			93						
/44		1		1			94						
/45		0		0			95						
/46	1		1				96						
/47		1		1			97						
/48		1		1			98						
/49		1		1			99						
/50		0		0			100						
TOTAL IND.	18		16		3		TOTAL IND.						
TOTAL DEP.	189		132		35		TOTAL DEP.						
TOTAL CLAIMS	207		148		36		TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/	/	/	/
3		2	/		/	/
4		0	/		/	/
5		0	/		/	/
6		0	/		/	/
7		0	/		/	/
8		0	/		/	/
9		0	/		/	/
10		0	/		/	/
11		0	/		/	/
12		0	/		/	/
13		0	/		/	/
14		0	/		/	/
15		0	/		/	/
16	/		/		/	
17		1	/	/	/	/
18		1	/	/	/	/
19		1	/	/	/	/
20		1	/	/	/	/
21		3	/	/	/	/
22		3	/	/	/	/
23		3	/	/	/	/
24		0	/	/	/	/
25		0	/	/	/	/
26		0	/	/	/	/
27		0	/	/	/	/
28		0	/	/	/	/
29		0	/	/	/	/
30		0	/	/	/	/
31		0	/	/	/	/
32		0	/	/	/	/
33		0	/	/	/	/
34		0	/	/	/	/
35		0	/	/	/	/
36		0	/	/	/	/
37		0	/	/	/	/
38		0	/	/	/	/
39		0	/	/	/	/
40		0	/	/	/	/
41		0	/	/	/	/
42		0	/	/	/	/
43	/		/	/	/	/
44		1	/	/	/	/
45		1	/	/	/	/
46		1	/	/	/	/
47		1	/	/	/	/
48		5	/	/	/	/
49		5	/	/	/	/
50		5	/	/	/	/
TOTAL IND.	18		16		3	
TOTAL DEP.	189		132		35	
TOTAL CLAIMS	207		148		38	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0		/		/
52		0		/		/
53		0		/		/
54		0		/		/
55		0		/		/
56		0		/		/
57		0		/		/
58		0		/		/
59		0		/		/
60		0		/		/
61		0		/		/
62		0		/		/
63		0		/		/
64		0		/		/
65		0		/		/
66		0		/		/
67		0		/		/
68		0		/		/
69		0		/		/
70	/		/		/	
71		1	/	/	/	/
72		0	/	/	/	/
73	/		/	/	/	/
74	/		/	/	/	/
75	/		/	/	/	/
76		1		/		/
77		0		/		/
78		0		/		/
79		0		/		/
80		0		/		/
81		0		/		/
82		0		/		/
83		0		/		/
84		0		/		/
85		0		/		/
86		0		/		/
87		0		/		/
88		0		/		/
89	/		/	/	/	/
90		1	/	/	/	/
91		1	/	/	/	/
92		2	/	/	/	/
93		0	/	/	/	/
94		0	/	/	/	/
95		0	/	/	/	/
96		0	/	/	/	/
97		0	/	/	/	/
98		0	/	/	/	/
99		0	/	/	/	/
100	/		/	/	/	/
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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